regain it despite appropriate therapy. "Baseline weight" means the average weight for the two-year-period preceding onset of the disease.

(Authority: 38 U.S.C. 1155) [66 FR 29488, May 31, 2001]

§4.113 Coexisting abdominal conditions.

There are diseases of the digestive system, particularly within the abdomen, which, while differing in the site of pathology, produce a common disability picture characterized in the main by varying degrees of abdominal distress or pain, anemia and disturbances in nutrition. Consequently, certain coexisting diseases in this area, as indicated in the instruction under the title "Diseases of the Digestive System," do not lend themselves to distinct and separate disability evalua-tions without violating the fundaprinciple relating pyramiding as outlined in §4.14.

§4.114 Schedule of ratings—digestive system.

Ratings under diagnostic codes 7301 to 7329, inclusive, 7331, 7342, and 7345 to 7348 inclusive will not be combined with each other. A single evaluation will be assigned under the diagnostic code which reflects the predominant disability picture, with elevation to the next higher evaluation where the severity of the overall disability warrants such elevation.

	Rat- ing
7200 Mouth, injuries of.	
Rate as for disfigurement and impairment of	
function of mastication.	
7201 Lips, injuries of.	
Rate as for disfigurement of face.	
7202 Tongue, loss of whole or part:	
With inability to communicate by speech	100
One-half or more	60
With marked speech impairment	30
7203 Esophagus, stricture of:	
Permitting passage of liquids only, with marked	
impairment of general health	80
Severe, permitting liquids only	50
Moderate	30
7204 Esophagus, spasm of (cardiospasm).	
If not amenable to dilation, rate as for the de-	
gree of obstruction (stricture).	
7205 Esophagus, diverticulum of, acquired.	
Rate as for obstruction (stricture).	
7301 Peritoneum, adhesions of:	

	Rat- ing
Severe; definite partial obstruction shown by X-ray, with frequent and prolonged episodes of severe colic distension, nausea or vomiting, following severe peritonitis, ruptured appendix, perforated ulcer, or operation with drainage Moderately severe; partial obstruction mani-	50
fested by delayed motility of barium meal and less frequent and less prolonged episodes of	
pain Moderate; pulling pain on attempting work or aggravated by movements of the body, or occasional episodes of colic pain, nausea, constipation (perhaps alternating with diarrhea) or abdominal distension	30
Mild	ō
of anemia and weight loss productive of defi- nite impairment of health	60
at least four or more times a year Moderate; recurring episodes of severe symp- toms two or three times a year averaging 10	40
days in duration; or with continuous moderate manifestations	20
yearly 7306 Ulcer, marginal (gastrojejunal): Pronounced; periodic or continuous pain unrelieved by standard ulcer therapy with periodic vomiting, recurring melena or hematemesis, and weight loss. Totally inca-	10
pacitating Severe; same as pronounced with less pronounced and less continuous symptoms with	100
definite impairment of health	60
transient episodes of vomiting or melena Moderate; with episodes of recurring symptoms	40
several times a year	20 10
7307 Gastritis, hypertrophic (identified by gastro- scope): Chronic; with severe hemorrhages, or large ul-	
cerated or eroded areas Chronic; with multiple small eroded or ulcerated	60
areas, and symptoms	30
toms	10
malnutrition and anemia	60

§4.114

	Rat- ing		Rat- ing
Moderate; less frequent episodes of epigastric		Asymptomatic	(
disorders with characteristic mild circulatory		NOTE: Amebiasis with or without liver abscess is	
symptoms after meals but with diarrhea and		parallel in symptomatology with ulcerative coli-	
weight loss	40	tis and should be rated on the scale provided	
Mild; infrequent episodes of epigastric distress		for the latter. Similarly, lung abscess due to	
with characteristic mild circulatory symptoms	00	amebiasis will be rated under the respiratory	
or continuous mild manifestations	20	system schedule, diagnostic code 6809.	
809 Stomach, stenosis of. Rate as for gastric ulcer.		7322 Dysentery, bacillary. Rate as for ulcerative colitis	
310 Stomach, injury of, residuals.		7323 Colitis, ulcerative:	
Rate as peritoneal adhesions.		Pronounced; resulting in marked malnutrition,	
R11 Residuals of injury of the liver:		anemia, and general debility, or with serious	
Depending on the specific residuals, separately		complication as liver abscess	10
evaluate as adhesions of peritoneum (diag-		Severe; with numerous attacks a year and mal-	
nostic code 7301), cirrhosis of liver (diagnostic		nutrition, the health only fair during remissions	6
code 7312), and chronic liver disease without		Moderately severe; with frequent exacerbations	3
cirrhosis (diagnostic code 7345).		Moderate; with infrequent exacerbations	1
312 Cirrhosis of the liver, primary biliary cirrhosis,		7324 Distomiasis, intestinal or hepatic:	0
or cirrhotic phase of sclerosing cholangitis:		Severe symptoms	3
Generalized weakness, substantial weight loss,		Moderate symptoms Mild or no symptoms	10
and persistent jaundice, or; with one of the fol-		7325 Enteritis, chronic.	
lowing refractory to treatment: ascites, hepatic		Rate as for irritable colon syndrome.	
encephalopathy, hemorrhage from varices or	100	7326 Enterocolitis, chronic.	
portal gastropathy (erosive gastritis)	100	Rate as for irritable colon syndrome.	
patic encephalopathy, or hemorrhage from		7327 Diverticulitis.	
varices or portal gastropathy (erosive gas-		Rate as for irritable colon syndrome, peritoneal	
tritis), but with periods of remission between		adhesions, or colitis, ulcerative, depending	
attacks	70	upon the predominant disability picture.	
History of one episode of ascites, hepatic		7328 Intestine, small, resection of:	
encephalopathy, or hemorrhage from varices		With marked interference with absorption and	
or portal gastropathy (erosive gastritis)	50	nutrition, manifested by severe impairment of	
Portal hypertension and splenomegaly, with		health objectively supported by examination	_
weakness, anorexia, abdominal pain, malaise,		findings including material weight loss	6
and at least minor weight loss	30	With definite interference with absorption and	
Symptoms such as weakness, anorexia, abdom-		nutrition, manifested by impairment of health objectively supported by examination findings	
inal pain, and malaise	10	including definite weight loss	4
NOTE: For evaluation under diagnostic code		Symptomatic with diarrhea, anemia and inability	41
7312, documentation of cirrhosis (by biopsy or		to gain weight	2
imaging) and abnormal liver function tests		Note: Where residual adhesions constitute the	_
must be present.		predominant disability, rate under diagnostic	
314 Cholecystitis, chronic: Severe; frequent attacks of gall bladder colic	30	code 7301.	
Moderate; gall bladder dyspepsia, confirmed by	30	7329 Intestine, large, resection of:	
X-ray technique, and with infrequent attacks		With severe symptoms, objectively supported by	
(not over two or three a year) of gall bladder		examination findings	4
colic, with or without jaundice	10	With moderate symptoms	2
Mild	0	With slight symptoms	10
315 Cholelithiasis, chronic.		NOTE: Where residual adhesions constitute the	
Rate as for chronic cholecystitis.		predominant disability, rate under diagnostic code 7301.	
316 Cholangitis, chronic.		7330 Intestine, fistula of, persistent, or after attempt	
Rate as for chronic cholecystitis.		at operative closure:	
317 Gall bladder, injury of.		Copious and frequent, fecal discharge	10
Rate as for peritoneal adhesions.		Constant or frequent, fecal discharge	6
318 Gall bladder, removal of:		Slight infrequent, fecal discharge	3
With severe symptoms	30	Healed; rate for peritoneal adhesions.	
With mild symptoms	10	7331 Peritonitis, tuberculous, active or inactive:	
Nonsymptomatic	0	Active	10
Spleen, disease or injury of. See Hemic and Lymphatic Systems.		Inactive: See §§ 4.88b and 4.89.	
Irritable colon syndrome (spastic colitis, mu-		7332 Rectum and anus, impairment of sphincter	
cous colitis, etc.):		control: Complete loss of sphincter control	10
Severe; diarrhea, or alternating diarrhea and		Extensive leakage and fairly frequent involuntary	10
constipation, with more or less constant ab-		bowel movements	6
dominal distress	30	Occasional involuntary bowel movements, ne-	Ü
Moderate; frequent episodes of bowel disturb-		cessitating wearing of pad	3
ance with abdominal distress	10	Constant slight, or occasional moderate leakage	1
Mild; disturbances of bowel function with occa-		Healed or slight, without leakage	
sional episodes of abdominal distress	0	7333 Rectum and anus, stricture of:	
321 Amebiasis:		Requiring colostomy	10
Mild gastrointestinal disturbances, lower abdom-		Great reduction of lumen, or extensive leakage	5
inal cramps, nausea, gaseous distention,		Moderate reduction of lumen, or moderate con-	
chronic constipation interrupted by diarrhea	10	stant leakage	3

	Rat- ing		Rat- ing
7334 Rectum, prolapse of: Severe (or complete), persistent Moderate, persistent or frequently recurring	50 30	Near-constant debilitating symptoms (such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain)	100
Mild with constant slight or occasional moderate leakage	10	Daily fatigue, malaise, and anorexia, with sub- stantial weight loss (or other indication of mal-	100
7335 Ano, fistula in. Rate as for impairment of sphincter control.	10	nutrition), and hepatomegaly, or; incapacitating	
7336 Hemorrhoids, external or internal:		episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia,	
With persistent bleeding and with secondary anemia, or with fissures	20	arthralgia, and right upper quadrant pain) hav- ing a total duration of at least six weeks during	
Large or thrombotic, irreducible, with excessive redundant tissue, evidencing frequent		the past 12-month period, but not occurring	00
recurrences	10	constantly Daily fatigue, malaise, and anorexia, with minor	60
Mild or moderate	0	weight loss and hepatomegaly, or; incapacitating episodes (with symptoms such as fa-	
Rate for the underlying condition. 7338 Hernia, inquinal:		tigue, malaise, nausea, vomiting, anorexia,	
Large, postoperative, recurrent, not well sup-		arthralgia, and right upper quadrant pain) having a total duration of at least four weeks, but	
ported under ordinary conditions and not read- ily reducible, when considered inoperable	60	less than six weeks, during the past 12-month period	40
Small, postoperative recurrent, or unoperated ir- remediable, not well supported by truss, or not		Daily fatigue, malaise, and anorexia (without	
readily reducible	30	weight loss or hepatomegaly), requiring dietary restriction or continuous medication, or; inca-	
Postoperative recurrent, readily reducible and well supported by truss or belt	10	pacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia,	
Not operated, but remediableSmall, reducible, or without true hernia protru-	0	arthralgia, and right upper quadrant pain) hav-	
sion	0	ing a total duration of at least two weeks, but less than four weeks, during the past 12-	
NOTE: Add 10 percent for bilateral involvement, provided the second hernia is compensable.		month period Intermittent fatigue, malaise, and anorexia, or;	20
This means that the more severely disabling hernia is to be evaluated, and 10 percent,		incapacitating episodes (with symptoms such	
only, added for the second hernia, if the latter		as fatigue, malaise, nausea, vomiting, ano- rexia, arthralgia, and right upper quadrant	
is of compensable degree. 7339 Hernia, ventral, postoperative:		pain) having a total duration of at least one week, but less than two weeks, during the	
Massive, persistent, severe diastasis of recti muscles or extensive diffuse destruction or		past 12-month period	10
weakening of muscular and fascial support of	400	Nonsymptomatic	0
abdominal wall so as to be inoperableLarge, not well supported by belt under ordinary	100	or malignancy of the liver, under an appro-	
conditionsSmall, not well supported by belt under ordinary	40	priate diagnostic code, but do not use the same signs and symptoms as the basis for	
conditions, or healed ventral hernia or post-op-		evaluation under DC 7354 and under a diagnostic code for sequelae. (See § 4.14.).	
erative wounds with weakening of abdominal wall and indication for a supporting belt	20	NOTE (2): For purposes of evaluating conditions	
Wounds, postoperative, healed, no disability, belt not indicated	0	under diagnostic code 7345, "incapacitating episode" means a period of acute signs and	
7340 Hernia, femoral.	Ū	symptoms severe enough to require bed rest and treatment by a physician.	
Rate as for inguinal hernia. 7342 Visceroptosis, symptomatic, marked	10	NOTE (3): Hepatitis B infection must be con-	
7343 Malignant neoplasms of the digestive system, exclusive of skin growths	100	firmed by serologic testing in order to evaluate it under diagnostic code 7345.	
NOTE: A rating of 100 percent shall continue be-		7346 Hernia hiatal: Symptoms of pain, vomiting, material weight loss	
yond the cessation of any surgical, X-ray, antineoplastic chemotherapy or other thera-		and hematemesis or melena with moderate	
peutic procedure. Six months after discontinu- ance of such treatment, the appropriate dis-		anemia; or other symptom combinations pro- ductive of severe impairment of health	60
ability rating shall be determined by mandatory		Persistently recurrent epigastric distress with dysphagia, pyrosis, and regurgitation, accom-	
VA examination. Any change in evaluation based upon that or any subsequent examina-		panied by substernal or arm or shoulder pain,	
tion shall be subject to the provisions of § 3.105(e) of this chapter. If there has been no		productive of considerable impairment of health	30
local recurrence or metastasis, rate on residu-		With two or more of the symptoms for the 30 percent evaluation of less severity	10
als. 7344 Benign neoplasms, exclusive of skin growths:		7347 Pancreatitis:	10
Evaluate under an appropriate diagnostic code, depending on the predominant disability or the		With frequently recurrent disabling attacks of ab- dominal pain with few pain free intermissions	
specific residuals after treatment.		and with steatorrhea, malabsorption, diarrhea	100
7345 Chronic liver disease without cirrhosis (including hepatitis B, chronic active hepatitis, auto-		and severe malnutrition	100
immune hepatitis, hemochromatosis, drug-induced hepatitis, etc., but excluding bile duct disorders		normal body weight and other findings showing continuing pancreatic insufficiency be-	
and hepatitis C):		tween acute attacks	60

§4.115		38 CFR Ch. I (7-1-04 Edition)		
	Rat- ing		Rat- ing	
Moderately severe; with at least 4–7 typical attacks of abdominal pain per year with good remission between attacks	30 10 40 30	Intermittent fatigue, malaise, and anorexia, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least one week, but less than two weeks, during the past 12-month period	10 0	
Recurrent ulcer with incomplete vagotomy. NOTE: Rate recurrent ulcer following complete vagotomy under diagnostic code 7305, minimum rating 20 percent; and rate dumping syndrome under diagnostic code 7308. 7351 Liver transplant: For an indefinite period from the date of hospital admission for transplant surgery	100 30	(Authority: 38 U.S.C. 1155) [29 FR 6718, May 22, 1964, as amended at FR 5063, Mar. 11, 1969; 40 FR 42540, Sept. 1 1975; 41 FR 11301, Mar. 18, 1976; 66 FR 2948 May 31, 2001]		
plant surgery and shall continue. One year fol- lowing discharge, the appropriate disability rat-		§ 4.115 Nephritis.		

7354 Hepatitis C (or non-A, non-B hepatitis):

this chapter.

With serologic evidence of hepatitis C infection and the following signs and symptoms due to hepatitis C infection:

ing shall be determined by mandatory VA ex-

amination. Any change in evaluation based

upon that or any subsequent examination shall

be subject to the provisions of §3.105(e) of

Near-constant debilitating symptoms (such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain)

Daily fatigue, malaise, and anorexia, with substantial weight loss (or other indication of malnutrition), and hepatomegaly, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) havvomiting, ing a total duration of at least six weeks during the past 12-month period, but not occurring constantly ...

Daily fatigue, malaise, and anorexia, with minor weight loss and hepatomegaly, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least four weeks, but less than six weeks, during the past 12-month period ..

Daily fatique, malaise, and anorexia (without weight loss or hepatomegaly), requiring dietary restriction or continuous medication, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least two weeks, but less than four weeks, during the past 12month period .

Albuminuria alone is not nephritis, nor will the presence of transient albumin and casts following acute febrile illness be taken as nephritis. The glomerular type of nephritis is usually preceded by or associated with severe infectious disease; the onset is sudden, and the course marked by red blood cells, salt retention, and edema; it may clear up entirely or progress to a chronic condition. The nephrosclerotic type, originating in hypertension or arteriosclerosis, develops slowly, with minimum laboratory findings, and is associated with natural progress. Separate ratings are not to be assigned for disability from disease of the heart and any form of nephritis, on account of the close interrelationships of cardiovascular disabilities. If, however, absence of a kidney is the sole renal disability, even if removal was required because of nephritis, the absent kidney and any hypertension or heart disease will be separately rated. Also, in the event that chronic renal disease has progressed to the point where regular

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